

Community Ties

VOLUME 26, ISSUE 26

Fall 2011



SUPERINTENDENT'S MESSAGE

Special points of interest:

- Who We Serve at RSH
- Admission Day
- Social Work News
- Special Events
- Visitor Information

Inside this issue:

Tours	2
Who We Serve at RSH	3
Admission Day	4
Social Work News	5
Building and Grounds	6
Donations Needed	7
Treatment Teams	7
Special Events at RSH	8
Wellness/Recovery Week	9
Integrated Dual Diagnoses, Units 421A & 421B	11
Environment of Care	12
Substance Abuse Services	14
Hope & Recovery Module	15
Stepping Stones and Transitional Programs	16
Units 420A & 420B	17
Christmas 2011	18
NAMI of Indiana	19
Infection Prevention &	20
Staff Development News	21

I have decided to do a reflection article for this fall, probably because I am starting on my 40th year in the field. It certainly appears to me that there are more questions than ever about funding for mental health services. I think in times of uncertainty, resolve is the characteristic that would most fit those involved in the field of mental health. From consumers, to families, to those working in the field, I would propose that we all might agree that resolve is what it takes to persevere during these times of uncertainty. I realize change is a big part of our lives; and with the belief that recovery is attainable and a goal that we can all strive for, I believe therefore that working together our mutual efforts can help attain and maintain recovery. Resiliency and resolve is the glue that bonds us toward our common goal.

As you look at this newsletter for this fall, we have made many changes in our re-



Jeff Butler
Superintendent
Richmond State Hospital

ports. We would appreciate any feedback that you might have on the content of the information. Please contact Tara Jamison in our Community Relations Department with your feedback.

Jeff Butler
Superintendent

COMMUNITY TIES

Copies of Community Ties are sent to family members of our patients, volunteers, retired employees, and community mental health centers. If you would like to receive your copy of Community Ties at your email address, please let us know by emailing Tara.Jamsion@fssa.in.gov. You may also call me at 765-935-9217. As of this printing, Mary Johnson, the assistant in the Community Relations Department is still off on medical leave. We all wish Mary the best in her recovery. Special thanks to Donna Crist for filling in with this publication.

TOURS



Richmond State Hospital:
A Place Where Our Family
Cares for Your Family.



Richmond State Hospital is operated by the State of Indiana and is under the Division of Mental Health and Addiction.

Even with all the changes at the hospital, we are still excited to provide tours for our outside community. Our group tours are tailored to meet the needs and interests of our tourists. Over 3500 people have toured the grounds of RSH in the past eight years. Several Indiana and Ohio colleges and high schools tour every year.

Due to the changes in our population, we have revamped our substance abuse prevention program called Too Smart to Start. Our ultimate goal is to still provide a portion of our substance abuse prevention program combined with

our psychiatric tour of our facility. Debbie Lanman will be our contact person for any of our presentations. She can be reached at 765-935-9202.

Individual tours are difficult for us to conduct due to the amount of time it takes to conduct a tour. We are currently working on a virtual tour of primarily our main patient areas. The virtual tour would be available to be viewed on our internet. Our hope is to have the virtual tour available by the end of the year.

In an effort to respect the privacy of our patients, a confidentiality form needs to be signed prior to a tour. Tourists are asked not to bring cameras or to take pictures with cell phones.

MISSION/VISION

MISSION

To provide individualized, quality holistic healthcare with respect, dignity, and caring.

OUR VALUES

We believe in all individuals' capacity for:

RECOVERY

- * Recovery
- * Strength
- * Hope

We have accepted the challenge to:

- * Partner with consumers, families, providers, and communities for recovery.
- * Provide a healing, safe, recovery oriented environment.
- * Promote innovation and utilize evidence based practices for recovery.
- * Promote trauma informed care

RICHMOND STATE HOSPITAL WEBSITE

www.Richmondstatehospital.org

Information about our website may be found on the Internet. We try to have up to date information about various aspects of the hos-

pital. We encourage you to go to our website periodically for the most up to date information available.



WHO WE SERVE AT RICHMOND STATE HOSPITAL

Judy A. Cole, Ph.D., R.N., Clinical Director



While many things have changed this year at Richmond State Hospital, but our mission to provide **individualized, quality, holistic health-care with respect, dignity and caring** has not. We currently focus on care to individuals and their families who have a major severe mental illness or who have co-occurring mental illness and substance abuse/dependency.

Richmond State Hospital provides services for 211 individuals and we are at full capacity.

The numbers and the demographics do not reflect the genuine people that we serve. The people we serve are talented stand up comics, musicians, singers, life long learners, creative writers, animal lovers, and artists who are working on recovery and returning to full community lives.

Group characteristics

Mental illness and substance abuse disorders

know no boundaries. We are all at risk and the demographics of who we serve represent a cross cut glimpse of our overall society.

Thirty-nine individuals have gone to college, and many have associate or baccalaureate degrees. Aside from that group, over half of our clients have completed high school or GED's (53%). This lays a solid foundation for vocational skills and living a quality life in the community.

All of our clients are adults with:

32% are young adults (age 18-34)

62% are middle aged adults (age 35-64)

Only a handful are over age 65 (6%)

Most of our clients are Christian by faith; but 37% did not declare any specific faith when they were admitted.

70% of our clients are men and 30% are women.

77% of our clients are white and 18% Black/African

American.

In July/August 2011, we admitted 25 people and discharged 23. While there are 93 individuals who have been in an institution for more than 2 years, there are major efforts underway to discharge to appropriate community settings.

Currently 45% of the people on our admission units have been here less than 4 months.

But that's not who people are...

We're all a demographic of one sort or another, a baby boomer, an AARP card carrying member, a bowler or golf-want-be pro. It's not a demographic that says good morning, or is on the job for vocational placement, or who is learning mindfulness skills in class, or who teases me about the hats I wear, takes brisk walks in the morning, prays on Sunday or loves to play volleyball.

Who we serve are people.

May none of us lose sight of our humanity as we weave a program of recovery together.

ADMISSION DAY

By Gretchen Gibbs, Director of Nursing



Gretchen Gibbs, DON

Being admitted to any inpatient facility can be a bit scary for patients and families. There are lots of people to talk to, lots of routines to learn, and new surroundings to which the patient must adjust. The admission process is designed to welcome the patient and the family who might be accompanying him, to gather as much information about the patient as possible that first day, and to orient the patient to his surroundings and to the "routine" of the hospital unit where he will be staying.

All admissions are planned well in advance of the date of arrival of the patient. The hospital works with the gatekeeper (the local mental health center) to gather as much information as possible prior to the admission so hospital staff can be prepared to care for the patient and provide for his needs. When a patient arrives at the front desk of the CTC building, the

staff person in that office contacts the unit where the patient will be staying. Nursing staff from that unit come to the front office and escort the patient and the family to an exam room near the unit. For safety reasons, the nursing staff search the patient and his belongings, and inventory all items the patient brought with him. We recommend that any valuables be taken to security for safe keeping or is sent home with family, and we remove and store any "sharps" and alcohol-containing products.

Next comes the information-gathering phase of the process. In order to develop a good plan of care and arrange for appropriate and effective treatment for the patient, those providing that care must know as much about the patient and his situation as possible. Getting to know the family and including them in the assessment process is always helpful in developing that plan of care. The admissions clerk gathers information about the patient, as well as provides some information to the patient about human rights, and the hospital in general. The patient will be asked to sign that he has received this information, and will also be

asked to sign for consent for treatment. If the patient has a guardian, the guardian is involved in this process.

The Registered Nurse on the unit will interview the patient and obtain lots of information: medications, medical problems and illnesses, health habits, past and recent history of symptoms and issues related to his psychiatric condition, and concerns and goals that the patient may have related to his treatment. The nurse will often talk to the family to obtain information about the patient to complete the assessment. The nurse will also give information to the patient about what to expect during the rest of the admission process, offering reassurance and support during this introduction to his hospital stay.

The psychiatrist will also see the patient on the first day of admission to do a mental status exam, a physical exam, and complete a psychiatric assessment. Although the patient may not see them on the very first day, he will eventually talk to a social worker, a psychologist, the chaplain, a rehabilitation therapist, and possibly a

substance abuse counselor (when appropriate). Each clinician the patient sees will develop a problem list and plan for care that will be included in the patient's master treatment plan. Disciplines work as a team with the patient to provide an effective and comprehensive plan of care.

The rest of the day of admission for a patient involves nursing staff on the unit providing a tour of the unit, and information and orientation to the unit routine (meal times, medication times, laundry facilities, bathing and personal hygiene routines, etc.). The patient is assigned a bedroom and is helped to "settle in" to his new environment. He is provided information and education by the nurse about his medication, and about active treatment classes and other treatment that is ordered by the physician.

Although admission to a hospital is often scary for both patients and families, it is our goal at RSH to try to minimize or reduce the anxiety of admission day as much as possible, and to provide a welcoming atmosphere in our facility.

SOCIAL WORK NEWS

By Luanne HandySaylor , LCSW, LMFT

The Social Work Department continues to move forward with the addition of Kathy Davis and Tim McDivitt to the social work staff. Kathy is a full time Social Worker who is a recent Indiana University East graduate receiving her Master's Degree in Social Work this past spring. Tim McDivitt too holds a Masters Degree in Social Work from Indiana University East. He joined Richmond State Hospital and works as the Professional Practice Director for the Substance Abuse Counselors. We still have our seasoned Social Workers, Amy Banta, Sheila Buckler, Virginia Davis, Donna McFarland, Kathy Elliott, Sandy Vanderbeck, Angela Youkon, Tom Tash, and Ashley Steffee (formally known as Ashley Abner), and Rick Cottman.

Our Social Workers work with multidisciplinary teams and they meet regularly with their teams to discuss each patient's progress in all areas of his or her life. One of the major roles I feel our social workers have is keeping in touch with our patient's families and support systems. We need to keep our patients connected with family members, and friends, service providers and community connections. Social Workers have regular contact with the patients and help our patients with daily needs and living skills. Our staff works to develop

trust and a working alliance with our patients.

Research shows that social support plays a critical role in improving assessments and in reducing relapse and hospitalization in patients with mental illness. Family psycho education fosters social support, It includes consumers, caregivers (family members and friends), and service providers in the treatment process.

Psycho-educational programs help caregivers learn about the symptoms and effects of mental illness and the effects of substance use and abuse, about the medicines used in treatment, and the challenges that our patients face. Caregivers also learn about patient's hopes, fears, and goals for daily living.

It is my hope that in the near future the Social Work Department will be able to provide family psycho educational programs. I would like to invite an family members who have questions about their loved ones to either contact the Social Worker on that unit or myself. I would also like to invite anyone who has a topic they would like to know more about to contact their specific social worker or myself.



Luanne HandySaylor
*Professional Practice
Director*



One of the many beautiful trees on our

Luanne HandySaylor		Luanne.HandySaylor@fssa.in.gov	765-966-0511 ex 9366
Amy Banta	417A	Amy.Banta@fssa.in.gov	765-966-0511 ex 9372
Sheila Buckler	420 A/B	Sheila.Buckler@fssa.in.gov	765-966-0511 ex 9360
Tom Tash	420A	Tom.Tash@fssa.in.gov	765-966-0511 ex 9371
Virginia Davis	420B	Virginia.Davis@fssa.in.gov	765-966-0511 ex 9364
Sandy Vanderbeck	421A/B	Sandy.Vanderbeck@fssa.in.gov	765-955-0511 ex 9389
Donna McFarland	421A	Donna.McFarland@fssa.in.gov	765-966-0511 ex 9367
Kathy Davis	421B	Kathy.Davis@fssa.in.gov	765-966-0511 ex 9359
Kathy Elliott	422A	Kathy.Elliott@fssa.in.gov	765-966-0511 ex 9511
Ashley Steffee	422B	Ashley.Steffee@fssa.in.gov	765-966-0511 ex 9362
Ricky Cottman	422B	Ricky.Cottman@fssa.in.gov	765-966-0511 ex 9361
Angela Youkon	Houses	Angela.Youkon@fssa.in.gov	765-966-0511 ex 9358

MONEY FOR PATIENTS



If you are interested in providing funds for your loved one while he is residing at Richmond State Hospital, please write a check or money order which can be deposited at our business office. These funds may be sent directly to the business office for your family members or give them to his social worker.

There is a snack area in the AIT and RTC buildings where patients may spend their money. There is also a large canteen area where patients may shop for snacks, gifts, personal hygiene items, postage stamps, phone cards, etc. Some patients may go to stores and restaurants as part of their transition to

community living.

Checks, money orders, and postal money orders are held for 10 business days.

Please do not send cash in the mail or give family members a large amount of cash. This is for their own protection against theft.

BUILDING AND GROUNDS PROJECTS

By David Shelford



We are very excited to announce several improvements to our buildings and grounds that are planned for next spring and another that was completed this summer.

5th Street – you will notice that our street running along the east side of CTC/RTC parking lot was widened and resurfaced this summer. The street was only one lane and often diverted traffic through the CTC/RTC parking lot to travel from Grove Road to our main gate. We considered that to be an undesirable situa-

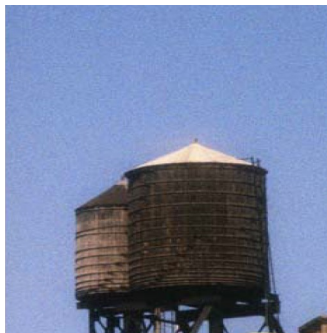
tion and this project has already greatly decreased traffic through the parking lot.

New Roofing on RTC and Staff Development Buildings – we anticipate final approval to re-roof those two buildings beginning next spring. Both roofs have reached the end of their life span and need replaced before serious leaks develop.

Grove Road Reconstruction – anyone who has driven on Grove Road which is our main east-west street through campus would have noted that the

road is narrow and has a sharp S curve on the west end. We have submitted a request to widen, re-establish shoulders, resurface and re-route the west end of the road to eliminate the S curve. We expect this project to be approved and to begin next spring.

Water Tower – the tower removal is the only part of the water mains and tower removal project that is not yet complete. We expect that will be completed later this year or next spring.



PROTECTION & ADVOCACY

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act was signed in May of 1986 by President Ronald Reagan. In September 1986, Governor Robert Orr signed Assurances that the State of Indiana would provide protection and advocacy services to citizens experiencing mental illness. Indiana Protection and Advocacy Services was designated as the agency to provide these services and is a

congressionally mandated, legally based disability rights agency. IPAS has the authority to provide legal representation and other advocacy services, under all federal and state laws to people with disabilities based on a system of priorities. To defend the human, legal and civil rights of people with disabilities, Congress established Protection and Advocacy systems in each state. The Advocacy Specialist representative for our area attends our

monthly Human Rights Committee Meetings.

Protection and Advocacy may be contacted at 1-800-622-4845, ext. 236. Protection & Advocacy may also be contacted by calling 1-800-838-1131 or voice mail number at 1-800-622-4845, or by mail at Indiana Protection and Advocacy Services, 850 North Meridian, Suite 2-C, Indianapolis, IN 46204.

Tina Frayer is now the P&A representative for this area. Welcome Tina!



DONATIONS NEEDED

Items currently needed for patients activities, crafts, etc., are golf balls, left handed golf putters, shoe boxes, board games, costume jewelry, bikes, travel size toiletries, denim materials, jewelry beads, ping pong balls, and key rings. These items may be marked for Community Relations and taken to the Switchboard located in the AIT (417) building.



TREATMENT TEAMS

Each patient's treatment is reviewed in an interdisciplinary team meeting at least every 90 days. Families of patients are encouraged to be involved in the treatment team meetings for the best interest of the patients.

The treatment team is composed of a coordinator, physician, social worker, psychologist,

nurse, activity therapist, and, in some cases, substance abuse counselors. Letters from treatment teams should be sent every time a master treatment plan or review is being done.

Conference phones are available for family participation in the meetings. Whenever you are calling our toll free

number, please allow us to call you back immediately on our hospital line. This helps keep the cost of our toll free number down.

If you want to contact a staff member at Richmond State Hospital, our toll free number is 1-800-986-6691.



"Individuals score points, but teams win games."

SPECIAL EVENTS AT RSH

By Tara Jamison, Dir. of Community Relations



The Rehab Department has been busy providing many special activities for our patients.

Each of the units has enjoyed monthly cookouts, trips to the Dairy Queen, Glenn Miller Park, Brookville Lake and even the Indianapolis Zoo.

Also throughout the past couple of months, the patients have enjoyed participating in several fun filled hospital wide events. The Rehab Department put on three Fun Days events around each of the summer holidays – Memorial, Fourth of July and Labor Day.

The Memorial Holiday kicked off with our version of the "Indy 500." Each unit designed a race car out of a cardboard box which then a representative from each of the unit raced in on our winding road race track. A prize was awarded to the best designed car and the winner of the race. At lunch we planned a hospital wide picnic in the grove but unfortunately the weather did not cooperated so we ate our

picnic lunch inside. The afternoon was filled with karaoke, corn hole, volleyball and Wii bowling tournament. The evening ended with a dance and the winners drinking the traditional victory milk.

The Fourth of July event kicked off at the softball field in the morning. Prior to the softball game, representatives from each of the units read a patriotic poem or story they had written related to our nation's heritage. These essays were then compiled in a newsletter that was created by our summer students, Lindsey and Kelly. The softball game was a lot of fun with the end result coming down to the final out. In the afternoon, the patients enjoyed a scavenger hunt in the grove utilizing teamwork and cooperation. In the evening, the patients were treated to the Eastern chapter NAMI picnic in the grove featuring hot dogs with all the fixings you could possibly imagine, a wide variety of salads, watermelon and numerous amounts of baked goods. It was great for our patients to be able to interact with folks from the community.

The Labor Day event started off with a volleyball tournament inside due to the weather. Patients enjoyed ei-

ther playing in the tournament, singing karaoke or participating in the many activities in our Social Area. Our version of "Minute to Win It" took place in the afternoon. Patients were able to go to 10 different stations and try their skills at completing the task in a minute's time. The evening events ended with a Luau Dance which was scheduled to be at our pond but unfortunately held inside at the CTC gym. Patients still had a great time dancing or trying their luck at the limbo.

Our Festivals will be continued on October 13th with a Fall Shindig in the grove. Patients will be able to participate in many fall activities like pumpkin bowling, apple putt putt, and pumpkin decorating.

After the activities, all will be treated to a picnic lunch prepared by our Dietary staff.

Patients and staff both enjoy the opportunity to participate in the special events to provide a variety in their daily lives. Some of our patients can be hesitant at first, but once they get going in the activity usually a big smile grows on their faces.

WELLNESS/RECOVERY WEEK

By Tara Jamison, Director of Community Relations

In support of the SAMHSA 10X10 campaign which aims at improving the life expectancy of people with mental illness by 10 years in 10 years, our two Recovery Specialists, Lisa Blansett and Becky Miller, organized a Wellness/Recovery Week on September 19th through 23rd. The goal of the week was to provide educational but fun activities each day to help the patients in the path of recovery.

The following events took place:

- * **Monday – Express Your Creativity**
1-2:30 – NAMI Creative Expression Class along with Sue Raby had their projects displayed in the RTC canteen. This group also provided an art activity for any patient who wanted to participate.
6-7:30 – Patients had the opportunity to make Recovery Fans with the 8 circles of wellness on them.
- * **Tuesday – Learn About your Options**
1-2:30 – Wellness Fair – Booths were set up with the following vendors:
 - * NAMI
 - * Recovery Center
 - * Support Groups
 - * Key Consumer
 - * Social Security
 - * GED/Student Supportive Services from Ivy Tech
 - * Voc Rehab/Patient Payroll
 - * CCDA
 - * Spiritual
 - * Certified Recovery Specialist Program
 - * Salvation Army
 - * Dietary with healthy choices**6-7:30 Relaxation** – Patients participated in several methods of relaxation techniques i.e. lotions, aromatherapy, back massages and music relaxation.

* **Wednesday – Tell My Recovery Story**

6-7:30 Nine patients shared their journey of recovery story amongst their peers. They were well supported and received numerous thanks for sharing their path.

* **Thursday – Life Choices**

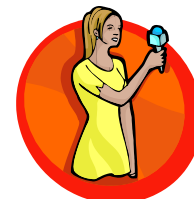
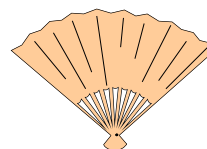
6-7:30 Life Game – Patients had an opportunity to play the Life Game in which they had to make decisions of life choices they would be faced with in the community. The game was designed by one of our patients.

* **Friday – Celebration of Life**

1-2:30 Open Microphone – Patients had an opportunity to show off their talents through humor, singing, playing an instrument, etc. Fourteen acts were provided on this afternoon and was MC'd by our student intern, Abi Harrison

6-7:30 Dance – Patients had an opportunity to celebrate the week and enjoy themselves in a social fashion.

Both patients and staff really enjoyed the whole week of recovery. Special thanks to our Recovery Specialists for all their organization and planning throughout the week. All of the events were a huge success and plans have been made to do some of these events more than once a year.



VISITOR'S INFORMATION

Richmond State Hospital encourages visits because they help patients remain in contact with family and friends during a difficult time.

- * Hospital visiting hours are from 9:00 am to 8:00 pm daily.
- * Family members and friends are encouraged but not required to schedule their visit ahead of time to avoid potential conflicts with pre-scheduled doctor

appointments.

- * Visitors under 18 years old must be accompanied by a family member over the age of 21, and visitors under 15 years old are not allowed on the units.
- * All visitors must check-in at either the 417 building lobby or at the front entrance of the CTC building. Every member of the visiting party will be asked to

sign the "Visitor's Sign-In Sheet" and will receive a Visitor's Pass.

- * Even though visitors under 15 years old cannot visit the unit, they still must check-in as a visitor. We ask that all visitors check-out after their visit to help the hospital have an accurate accounting of who is visiting the hospital in the event of an emergency.

If you have any questions about visits, please contact the unit social worker.



Jay Wenning
Health Information
Director

HOW TO OBTAIN COPIES OF MEDICAL RECORDS BY JAY WENNING

Although patient medical records are the physical property of Richmond State Hospital, the information in it belongs to the patients. As required by federal law, patients or their legal guardians/representatives have the right to inspect and ask for a copy of their medical records. If you would like a copy of your medical record, you may contact the Health Information Services (HIS) department at phone number 765-935-9234 or fax number 765-935-9509. In order to protect the privacy of the medical records, you

will be asked to complete an "Authorization for Release of Information" form and provide a state issued photo ID. Legal guardians or health care representatives will also be asked to provide a copy of their guardianship papers or health care representative papers.

The medical record copying fees charged by all the state hospitals has recently changed. The copying fee charged to patients or their legal representatives is unchanged at ten cents per page. Requests from other health

care providers for treatment purposes will not be charged any fees. All other requests for copies of medical records will be charged according to the Department of Insurance Administrative rule (760 IAC 1-17-3). These fees are: \$1.00 per page for the first ten pages, \$0.50 per page for pages 11 through 50, and \$0.25 per page for pages 51 and higher. If you have any questions, please feel free to contact Jay Wenning, Health Information Services Director at 765-935-9235 or email him at Jay.Wenning@fssa.in.gov.

INTEGRATED DUAL DIAGNOSES, UNITS 421A & 421B

By Lynda Dean



Lynda Dean
Patient Care
Coordinator

Contacts: 765-966-0511

Lynda Dean, LAC,
ADACII, CCDP, CCJP,
ext. 9381

Tanya Melody, RN,
Nurse Manager, ext.
4929

Ruth Edwards, Secre-
tary, ext. 9382

This has been a year of ongoing transitions. Units 421A and 421B are now Integrated Dual Diagnoses which are serving severe chronically mentally ill who also have a substance abuse problem. Severe indicate significant or high impact on ability to function. Someone may be capable and bright, but not able to function well in some life domains, such as, relationships, employment, and educational pursuits etc. Chronic implies that it is a long term issue and will not be resolved but rather a process of learning to master skills to deal with the symptoms.

Richmond State Hospital has been one of the forerunners in the nation to address both diagnoses concurrently since 1980. This has taken many forms and reconfigurations due to progress in treatment styles, building moves, and recent changes in staff and classes. We are now only housed in the Rehabilitation Treatment Center (RTC).

We have changed locations and staff but not our pursuit of excellence in treatment as we review our programming, both in milieu of the unit and in the wide range of classes we offer. Our goal is to increase clients overall self mastery and ability to function when released back to the community.

This has been a busy spring and summer moving, and taking this opportunity to make changes across the board. Meanwhile, we have not missed a beat with the ongoing classes and the activities.

Activity Therapy – assisting clients to enjoy life while learning & practicing new skills.

421A has planted a garden which contained big pumpkins, which is great for this time of year, and gourds that will be dried, painted and readied for use as bird houses. They have also done some landscaping and working to beautify their courtyard. Maintenance did their part in beautification by building a very, attractive gazebo so clients could enjoy both shade and fresh air in a

comfortable area. The unit also worked together on a car wash and making homemade jelly, to raise funds to go to the zoo. They have also incorporated regular visits to the animal shelter to enjoy some pet therapy time and give back to the community.

421B – They too, worked in their courtyard, preparing a garden, planting vegetables from seeds and tending it until they were able to cook them. Our big hit was frying green tomatoes and making cucumber salads. Clients also enjoyed picking the various types of peppers to eat with their meals. We are now getting ready to clean up the garden for the winter.

This summer, they went fishing at our pond here on grounds. Some of the clients did catch some fish, which were mainly blue gills. Clients also enjoyed boating or just soaking up the sun. Our clients have also been involved Activity Therapy Department's Fun Days events. This included softball games, dances, challenging games, and poetry writing.

On Friday September 16th we had a cookout for our clients in which each client had a role in getting the cookout ready. Clients planned the cookout, the menu, helped with the set up, cooking and serving. We used the cucumbers and tomatoes to make a salad. The unit looks wonderful due to nursing staff having organized the decorating of the unit for Halloween which includes many fall events.

Learning to have fun while working together to obtain a goal is a great experience all the way around. Not only did it provide good times during treatment but it modeled how to accomplish things working together and enjoying themselves without using substances. Our Activity Therapists are very cognizant of their role in assisting clients through activity to deal with both their diagnoses.

ENVIRONMENT OF CARE

By Judi Rohe



The Environment of Care (EOC) Committee has members from many departments at Richmond State Hospital including Maintenance, Security, Housekeeping, Medical Staff, Nursing, Quality Management, Rehab Therapy, Medical Equipment and many of the Administrative and Support Staff.

The goal of this committee is to provide the safest possible environment for patients, visitors and staff at Richmond State Hospital. This is accomplished by the EOC Management Program to reduce and control environmental hazards and risks, to prevent accidents and injuries, to maintain safe conditions and an environment that is sensitive to patient needs and

minimizes stress.

The EOC Committee follows the Joint Commission Standards for Safety and Security, Hazardous Materials and Waste, Fire Safety, Medical Equipment and Utilities. They conduct various inspections to maintain a safe environment and provide education to all staff to improve the overall safety of the hospital.

Safety and Security issues include Product Recalls, Employee Injuries, Material Safety Data Sheets (MSDS), IOSHA, Environment Risk Assessments, and Utility Issues. This includes the removal of broken furniture and equipment, fixing or replacing parts such as window or shower curtains, doors or locks inside the buildings and making sure there are no laundry or food carts in the hallway blocking exits. Remember to LOCK all doors.

Hazardous Materials and Waste issues include the Management of Chemicals and the use of the MSDS sheets. Please do not bring a cleaning product from home, do not store chemicals under the sinks, all spray cans must have a lid on them and dispose of batteries properly.

Fire Safety includes the requirements for a fire emergency requiring the evacuation of occupants.

Medical Equipment supplies and maintains oxygen, CPAP, nebulizers, bed alarms and other medical equipment such as the whirlpool tubs and blood glucose meters for our patients use.

Utilities are managed by a program that monitors the air quality, CO2 and temperature and a program that identifies the mechanical portion of the steam, water and electrical systems. In the event of a major

emergency we have the water tower or tanks and generators to support this facility.

Emergency Management maintains the Hazard Vulnerability Analysis (HVA) plan in the event of a disaster that could affect demand for our services and or ability to provide these services. Such events include an Ice Storm, Water or Fuel Failure, Internal Fire, Tornado or Severe Thunderstorm or an Epidemic or Pandemic Influenza.

Life Safety Management of the physical environment to comply with *The Life Safety Codes* and to establish and maintain a safe, functional environment. Keep hallways clear of clutter, participate in fire drills, know where your fire extinguisher, exit and evacuation routes are located and how to use it.

HUMAN RESOURCES

By Imani Murphy

My name is Imani Murphy (pronounced "eee-mah-nee") and I am the new Assistant Director of Human Resources for Richmond State Hospital.

I worked for 7 years at Dunn Mental Health Center (now Centerstone) as Staff Development Coordinator. After working with local students at the Boys & Girls Club and RHS, I was very excited to have the opportunity to return to the mental health field. I have a B.A. in Economics from Earlham College and a M.S. in Business Management from Indiana

Wesleyan. I am married with one son and 4 step-children, ranging in age from 13-16 years old.

I have learned so much already in the 3 months I have been here. Everyone has been kind, helpful, and patient as I learn about RSH and working with staff and employees on a wide variety of Human Resources topics. My goal is not only to be a resource for employees, but to become a part of the RSH family. I am excited to see what the future



Imani Murphy,
Assistant Director of
Human Resources

HOSPITALITY HOUSES

Richmond State Hospital provides hospitality houses for relatives of patients traveling from a distance to visit their loved ones. These houses are available at no cost to families of patients. All houses are completely furnished, including an operative kitchen and laundry.

If you would like to reserve a hospitality house, please call Donna Crist, Administrative As-

sistant to the Superintendent, at 765-935-9201. She will get you scheduled for a stay at a hospitality house while you are here to visit with your loved ones.

The houses are scheduled on a first come, first serve basis. So call as soon as you know you will be needing to stay.



Many families, who drive from distances to visit their loved ones, enjoy staying at one of our Hospitality Houses.

VOLUNTEER OPPORTUNITIES

There are many opportunities for volunteers at Richmond State Hospital. If you are interested in volunteering in one of the following areas, please call us at 765-935-9218.

- | | | |
|-----------------------------------|------------------------------|--|
| * Art Murals | * Bicycle Repair | * Donation of DVD and CD players |
| * History of Hospital | * Library Services | * Donation of Exercise and Aerobics VHS or DVD tapes |
| * Pond Development | * Pastoral Care | |
| * Patient Interactions/Activities | * Donation of Birthday Cakes | |



Substance Abuse Services

By Tim McDivitt, Professional Practice Director



I would like to take this opportunity to introduce myself. My name is Tim McDivitt. I am the Professional Practice

Director for Substance Abuse Counselors at Richmond State Hospital. I have been an employee of RSH since October 2007 when I began as a Substance Abuse Counselor. I hold a Master of Social Work degree (with a concentration in Mental Health/Addiction) from Indiana University and an Indiana State license as a Clinical Addiction Counselor (LCAC). In addition, I am certified as Alcohol and Drug Abuse Counselor II (CADAC II), Co-Occurring Disorders Professional (CCDP); Criminal Justice Addictions Professional (CCJP), and National Certified Gambling Counselor-I (NCGC-I).

As we say goodbye to the National Recovery Month of September, some exciting things are going on in the field of addiction and within the practice of substance abuse counseling at RSH.

In August 2011, the American Society of Addiction Medicine (ASAM) released its Public Policy Statement:

Definition of Addiction. (It may be found at http://www.asam.org/1DEFINITION_OF_ADDICTION_LONG_4-11.pdf.)

The ASAM's short definition of addiction states that:

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

This public policy statement by the ASAM is a significant formal identification by mem-

bers of the medical community in the modern era of addiction as a brain disease. Prior to this the American Medical Association's (AMA) recognition of addiction to alcohol and other drugs as a chronic disease occurred in 1956. That followed at least two decades of prior informal identification of various forms of addiction as disease by medical professionals and the 12 Step organization, Alcoholics Anonymous. (Narcotics Anonymous, which also views addiction as a disease, was founded in 1953.)

In regard to the practice of substance abuse counseling at RSH, efforts are being made to better deliver services to those people in our care who have both serious mental illness and substance use disorders. This is being done across all disciplines so as to be better able to concurrently address the biological, psychological, social, and spiritual aspects that have impacted and will impact our clients' lives and recovery to an optimal state of functioning.

Again, these are exciting times that we are currently providing treatment in and I look forward to sharing more information with you in upcoming issues of Community Ties.

Hope & Recovery Module

By Kim Phillips

422A Contacts:

- * Dr. Burciaga, Psychiatrist; Cindy Wasson, Nurse Manager; Kathy Elliott, Social Worker; Jeremy Bane, Recreational Therapist; Dr. Clodfelter, Psychologist

422B Contacts:

- * Dr. Seemann-Kocon; Darlene Caves, Nurse Manager; Ashley Steffee, Social Worker; Carolyn Miller, Recreational Therapy; Dr. David Soper, Psychologist

Module Contacts:

- * Kim Phillips, Patient Care Coordinator; Terri Ogle, Secretary

HEALING GARDEN

It may be autumn according to the calendar but on Unit 422 B we are excited about gardening. We have installed extensive raised garden beds in the courtyard with wheelchair access for our wheelchair dependant residents. Our "Healing Garden" is designed to provide active treatment for special residents who have both mental and physical disabilities. The garden is accessible and appropriate for all users. Adapted gardens allow residents to experience the joy of gardening and to improve their motor and social skills. This lovely green space is for our clients, families, visitors, and staff to get outdoors and enjoy nature.

Gardening is a multisensory therapy and does not require verbal interaction. There is a history of using gardening as a therapeutic treatment for patients with mental illness, addictions, dementia, brain injury, and physical handicaps. Patients living in institutions relish every opportunity to experience positive interactions with their families, peers and the community. This summer we hosted two special events. We had a tomato tasting party and a homemade salsa fiesta.

Many of the patients on Unit 422 B are accustomed to being cared for by family and by nursing staff. Gardening provides these patients a pastime to share with their families and peers that is not centered on receiving a medication or medical treatment. Growing plants offers patients a chance to nurture something and feel successful in caring for another living thing. Some people have expressed the feeling that gardening gives one a new reason to get up out of bed in the morning!

We plan to grow a range of plants including annuals, vegetables, herbs, and fragrant flowers. The hospital has a vision and mission to provide high quality and best-practice treatment. To further that goal we intend to use the courtyard "Healing Garden" as one of our greatest assets.



Kim Phillips
Professional
Practice Director



TOMATO TIPS

Water your tomatoes everyday whether rain or shine. Sometime you've got to tie your tomatoes up and put some fencing up and they will get bigger. Tomatoes will ripen if you put them in a brown paper sack. You can even fry green tomatoes, they are good if you cook them right.



STEPPING STONES AND TRANSITIONAL PROGRAMS

By Corey Laughlin



When RSH reorganized the unit areas this past April the Stepping Stones Program was paired with the Transitional Houses. The Stepping Stones program (formally the Specialized Recovery Service Line) has broadened its scope to

provide a fluid management program to work with folks struggling with polydipsia issues. Many of these clients were brought to this unit from Logansport State Hospital to continue their treatment when LSH was downsized a few months back. We've seen successes with this program as fewer precautionary or restrictive measures are being used than when the program first started. The Stepping Stones program continues to be lead by the 417A treatment team of Tylene Ferguson Nurse Manager ADON, Dr. Bhangoo, Amy Banta Social Worker, Andy Shepherd Activity Therapy Services, John Jantz Behavior Clinician, Vicki Newton and Nancy Corman Registered Nurses, and Corey Laughlin Patient Care Coordinator.

Also this year has seen a change in our population on 417A. Many of the former clients on 417A

(formally of 421B who moved to the 417 building in February) were discharged into the community as a result of the State of Indiana's project to move MRDD clients into lesser restrictive environments. There were 21 discharges from the unit, the bulk of which left between January to March 2011. The treatment team worked with local providers, Bureau of Developmental Disability Services (BDDS), Department of Mental Health and Addictions (DMHA), and families to find these folk appropriate placements.

The hospital Transitional Program has seen changes as well. With unit 420A becoming a regular admissions unit the Transitional programming is exclusive to the Darby, Kreitl, and recently opened Lawson House. These units continue to provide the least restrictive environments on grounds where clients can practice or develop skill in a group home like setting. Activities include cooking, community outings, house chores, menu planning, budget shopping, using community resources, and healthy leisure. The house programs are lead by the treatment team of Tylene Ferguson Nurse Manager ADON, Angela Youkon Social Worker, Kelly Roberts and Carlton Kelley Registered Nurses, Jesse McCleese Activity Therapy Services, Dr. Nolan Psychologist, Dr. Miranda Physician, and Corey Laughlin Patient Care Coordinator.

Stepping Stones Contacts:

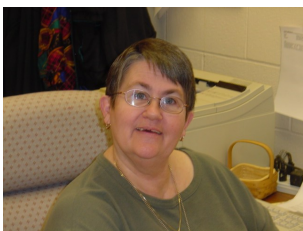
Corey Laughlin, Patient Care Coordinator, ext. 9392
 Tylene Ferguson, Nurse Manager, ADON, ext. 9278
 Dr. Bhangoo, Psychiatrist, ext 9301
 Amy Banta, Social Worker, ext. 9372
 Andy Shepherd, Activity Therapy Services, ext. 9339
 John Jantz, Behavior Clinician, ext. 9331
 Cathy Tuggle, Secretary, ext. 9394

Transitional Program Contacts:

Corey Laughlin, Patient Care Coordinator, ext. 9392
 Tylene Ferguson, Nurse Manager, ADON, 9278
 Dr. Miranda, Physician, ext. 9307
 Dr. Josh Nolan, Psychologist, ext 9319
 Angela Youkon, Social Worker, ext. 9358
 Jesse McCleese, Activity Therapy Services, 9341
 John Jantz, Behavior Clinician, ext. 9331
 Cathy Tuggle, Secretary, ext. 9394

UNITS 420A & 420B

By Kaye Clark



Wow, things are really busy on this service line. We have been doing lots of activities in addition to our regular classes. Clients are taking weekly trips to the community. They have gone shopping to different stores, as well as just out for drives and

to Dairy Queen to get ice cream. We have completed the last of our yearly fun days. All have been great.

We have several clients on the units that are very gifted in writing. They will be presenting their writing at an upcoming meeting. In addition to the writers these two units are always full of music. There are

several musicians and vocalists that love to share their talents with others. The music makes the days more enjoyable. Having none of the above talent I find myself quite envious of those that do.

As the summer season comes to an end I find myself thinking fondly of the things that have passed and looking forward to the things that are coming. With the coming of the fall season and the abundance of rain that we have had we should have a great show of colors for the fall. Indiana is so blessed to have so many different kinds of trees. Each of them has their own colors to add to the fall grandeur. I'm sure that there will be trips to our large community park so that all can enjoy the autumn colors.

FRIEND-TO-FRIEND PROGRAM

Community Relations staff would like to thank everyone who has been participating in the Friend-to-Friend program. There are several patients waiting to participate in this program, which is ideal for organizations, Sunday school classes, clubs, or individuals.

Patients who are in the program are thrilled to receive letters, cards,

phone calls, visits and gifts from their "friends". The experiences found depends on your friend's needs and your own interests, time and capabilities. Communicating on a regular basis is beneficial to your friend.

When a "friend" is assigned, your friend is informed about the program and expecting to have contact with you. With shorter discharge

rates than in the past, your "friend" may be leaving the hospital. Some participants choose to have a new friend and others wish to continue to be a "friend" to the same patient at a new location.

We are always glad to discuss the Friend-to-Friend program. For more information contact Community Relations, 765-935-9217.



PICNICS

Patients look forward to visiting their home counties and seeing family and friends at picnics every summer.

This summer picnics were provided by Mental Health America of Blackford

County at Hartford City, IN and East Central Indiana NAMI. We were scheduled to go to Anderson, but due to the weather we were unable to attend.

We really appreciate eve-

rything done during the picnics for patients and staff. If your group or organization are interested in sponsoring a picnic for our patients, please contact Richmond State Hospital, Community Relations, 765-935-9350 or 765-935-9218.



Patients enjoyed the beautiful scenery of Mounds State Park during one of the summer picnics.

CHRISTMAS 2011



*"It's not how much
we give but how
much love we put
into giving."*

~ Mother Teresa

Richmond State Hospital will have its 121st Christmas celebration. The hospital has been through many changes, but we continue to welcome this wonderful holiday with patients living at the hospital. We know that most of our patients are away from families, familiar settings, and, in many cases, hometowns. Some do not have relatives to visit them. It is so very important that special joy is still brought to their Christmas holiday.

So many people have given in the past and we are looking forward to working with friends and volunteers again this year to provide a very special season for our patients.

The "Adopt-A-patient program" started eight years ago and provides a great

opportunity to give gifts for our patients. We visit with each patient and talk about what they would like to have for Christmas. We are moved by the reaction of some as they share memories of their favorite Christmas or express appreciation for people who provided gifts for them in the previous years.

We also accept gifts for our Christmas shelves, and then gifts are selected from donated items for those patients who were not "adopted". Any gifts given to our patients for their Christmas must be new items. Cash donations are also greatly appreciated so we can purchase the items on a patient's wish list.

Each patient receives one

gift bag on unit party day, which is held on the second Sunday in December. This year the unit parties will be on December 12. On Christmas Day, patients receive three packages each to open. They have told us how special it makes them feel to know that people care about them at this wonderful time of the year. Some patients have said that their best Christmas ever was here at the hospital.

There are many opportunities to share in the holiday season at Richmond State Hospital. Besides donating by adopting a patient, donating gifts or money, we have the unit parties and gifts to wrap. If you would like to participate, please give us a call at 765-935-9350 or 765-935-9217.

<u>CLOTHING</u>	<u>PERSONAL HYGIENE</u>	<u>SNACKS & BEVERAGES</u>	<u>HOBBIES & INTERESTS</u>	<u>OTHER</u>
Baseball Cap	Aftershave	Candy	Art Supplies (Paper; Markers; Colored Pens/ Pencils)	Backpack
Coat	Body Lotion	Chips	Crafts	Alarm Clocks
Hat & Gloves	Body Wash	Nuts	Journals	Radio
Hoodie	Brush/Comb	Popcorn	Stationary	Hand Held Game
Sweat Suite	Cologne	Instant Coffee (plastic jars)	Basketballs	Jewelry
T-shirts	Perfume	Hot Chocolate (regular and sugar free)	Footballs	Phone Card
Jeans	Makeup	Water flavoring packets (no liq-	Playing Cards	Stamps
Pajamas	Hair Accessories		Puzzles	Purse
Socks				Wallet
Slipper Socks				Gym Bag

NAMI EAST CENTRAL INDIANA

NAMI East Central Indiana is located on the grounds of Richmond State Hospital in the original farmhouse. Patients may stop in and visit or read from the many books and pamphlets on depression, bipolar, schizophrenia, and more. Kim Lairson is the president of NAMI East Central Indiana. The NAMI house is open Mondays, Wednesdays, and Fridays from 10 a.m. to 2 p.m.

Betty Mark, member of the local NAMI, was instrumental in getting the CIT training in Wayne County, as well as several other Indiana counties. CIT is a 40 hour training program for local public safety personnel in recognizing, handling, and de-escalation tech-

niques dealing with mental health consumers. CIT recertification is yearly.

NAMI East Central Support group meetings are on the first Tuesday of each month in the CTC Training Center at Richmond State Hospital. Each meeting features a special speaker. Patients from the hospital are invited to these meetings as well as family members and the East Central Indiana community.

To help build awareness about mental illnesses, the Annual Mental Illness Awareness Week candlelight service was held on Tuesday, October 4th, at the Richmond Municipal Building.

The annual NAMI Christmas gathering will be held in the CTC gym on Tuesday, December 7. It will begin at 6:00 p.m. The annual NAMI Christmas tree lighting at the NAMI House will be on December 8, beginning at 6:00 p.m. It will be followed by "Christmas Through Our Eyes" program held in the auditorium gym of Richmond State Hospital. Refreshments will be served in the auditorium canteen area where workshop items will be on display. Plan to join us for both events.

For more information you may call NAMI at 765-966-4094 or Richmond State Hospital at 765-935-9218.



NAMI East Central Indiana is located at 498 N.W. 18th Street, Richmond, Indiana



CAKES

The third Friday of every month is Cake Day. Volunteers donate cakes that are used for patients' birthday celebrations. Patients really enjoy the special recognition given for their birthday. We have cake donators that have been faithful

for many years. We certainly appreciate being remembered in this very special way each month.

If you, your church, club, or other group would be interested in donating cakes, please

give us a call at 765-935-9218. You may even donate money and have it ear-marked for birthday cakes. We will see that the money is used for these special occasions!

Thank You!



Infection Prevention & Control

By Melissa Galliher, RN, & Cindy Wasson, RN



Cindy Wasson, RN



Melissa Galliher, RN

Change has definitely been the by-word for Infection Prevention and Control (IPC) at Richmond State Hospital. Increased environmental surveillance for infection risks has assisted various departments in pointing out policies and forms due for review and revision. A fresh set of eyes often sees discrepancies and points needing clarification. IPC has assisted Food Services in adding required temperature ranges on refrigerator and freezer check lists. Many opportunities to provide on the spot training about the importance of infection prevention have occurred.

Infections among the patient population are monitored monthly. This summer we had an unusual number of pneumonia cases reported. These patients all had underlying respiratory disease. All cases of pneumonia were diagnosed and treated quickly. Since that time, the reported patient infections have been less than eight per

month. Various infections have been reported, much like would be seen in any doctor's office in the community.

As this issue of Community Ties is prepared both employee and patient health services are in transition. Melissa Galliher, the Infection Preventionist, and Nicole Eagles, the patient health clinic nurse have both moved to new offices in the former laboratory area. Patients and employees in need of services will soon be seen in renovated rooms near these offices. The two nurses work closely together to monitor the prevalence and contagion risk of various disease causing organisms that could infect patients or employees.

The 2011-2012 Influenza vaccination campaign is up and running. All patients and employees are encouraged to receive an annual vaccine. This year's vaccine is composed of the strains of influenza most likely to be transmitted this year. The vaccine against the H1N1 strain is included in the vaccine, so only one injection is needed. Information about influenza is available from many sources.



The single best way to protect against the flu is to get vaccinated each year.



Patients may wait for active treatment classes or just sit and visit in the relaxing atmosphere of the CTC building.



For the health of patients and staff, Richmond State Hospital promotes non-smoking on grounds.

STAFF DEVELOPMENT NEWS

By Mike Morrow, Director



It has been one year since Staff Development made the move to the new building. Since that time we have been very busy delivering much training throughout the hospital. We continue to provide a 12 week psychiatric attendant training class, annual recertification RN/LPN orientation and professional rescuer CPR/automated electronic defibrillator/first aid courses.

Other training Staff Development is responsible for:

ANSA
Bridge Building
Health and Safety
Qualified Medication Aide

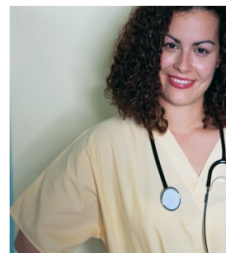
We also provide tours for nursing students who contracted with RSH to have practicum hours on some of our units during their Psych rotation. Staff development is responsible for scheduling these programs and for speaking to them about the history of RSH, and a review of our policies they must follow while on the units. They are also given a tour of the Darby house and get to spend time at our museum. Some of the schools the nursing students come from are IU East, Ball State, Ivy Tech and New Castle.

We have started a new program in staff development and are very excited for the potential benefits. In conjunction with specifically trained unit staff, we implemented a mentoring program for all new Behavioral Health Recovery Attendants and Nurses in July 2011. We are very excited about this new program and the following are the objectives we are striving to meet:

- * Help new employees adjust and feel comfortable
- * Promote healthy supportive relationships among staff
- * Promote cohesiveness and teamwork
- * Give guidance and support
- * Retain adjusted, successful, quality employees that reflect the mission, vision, and values of RSH
- * Improve the quality of patient care

We have had two new groups of employees participate in the mentoring program at this point. After their initial orientation, which is a combination of 6 weeks of classroom work in Staff Development and working on the patient units with a mentor, the feedback has been very positive.

The comments from the new employees on the evaluations of the program are that they are very grateful to have had the mentor experience and feel very confident and prepared to begin their job duties on the patient units.



*Staff Development does
valuable training for
staff at Richmond State
Hospital.*

